

22nd Annual BAM Entry Form * Feb 26, 2005

- ☐ \$50 **Marathon** (age 14 & up) Pre-entry ☐ \$60 after 2/18 ☐ \$75 - 2/26 by 6 am ☐ Wheelchair___Hndcrank___
☐ \$40 **Half Marathon** (any age) Pre-entry ☐ \$50 after 2/18 ☐ \$65 - 2/26 by 6 am ☐ Wheelchair___Hndcrank___
☐ \$160 **Marathon Team Entry** Pre-entry ☐ \$170 after 2/1 (**No Team entries after 2/18**)
☐ \$20 **5K Run** Pre-entry ☐ \$25 after 2/18 ☐ \$30 Race Day ☐ Wheelchair___Hndcrank___

INFORMATION ON THIS FORM MUST BE COMPLETE FOR RUNNER TO REGISTER OR RECEIVE TIME

LAST NAME		FIRST NAME	MI
STREET ADDRESS (include APT# and/or C/O)			
CITY		STATE	ZIP

Circle All That Apply: Male Female	Civilian Age On Day Of Race	Military Active Retired Reserve	Installation:			
		Rate/Rank	USA	USN	USAF	
			USMC	USCG	NG	

Phone #:	E-mail or FAX:	Circle Shirt Size S M L XL
Pasta Dinner Friday, 2/25/05	How Many___ Enclose \$10 / adult; \$6 / child 10-6 yrs	Shirts guaranteed to those entered by 2/18

Team Name:		
Civilian Team _____	Military Championship Team _____	Military Installation Team (Same installation) _____

Team Captain

Team Members: (Attach completed application form for each team member)				
Rt/Rnk	Last Name	First Name	Age	M/F

I know that running a marathon/road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I, the undersigned hereby remise, release, and forever discharge the United States of America and all agents, representatives and employees thereof, and their successors from any and all claims and damages whatsoever which I, my heirs, their executors and administrators have or may have against the said United States of America, its agents, representatives or employees, by reason of any damages or injuries which may be incurred by myself while running this race or in any activities sponsored by this race. I agree that if administered aid in a medical facility, I will pay the current published rates for this aid. I understand I will pay a \$40 replacement fee and may be refused entry into other ChampionChip events if I do not return the ChampionChip to the Blue Angel Marathon after the race. I witness whereof, I have here unto set my hand and seal this date.

Signature	Date
Parent or Guardian if under 18 years of age	Date

OFFICIAL USE ONLY			
Entry Fee:	# of Dinner Reservations	Runner #	Check #
Mail to: (Payable to MWR/BAM) Confirmation emailed to those who provide legible email address	BAM, MWR 190 Radford Blvd. Bldg. 632 NAS Pensacola, FL 32508-5217	Information: (850) 452-3806 x 315, 340, 320 www.naspensacola.navy.mil/mwr/nas.html	

Confirmation E-mail Address: